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VERSION IN CONTRACTED CONJUGATE.

Read before the Northern Medical Society of Philada.

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Of Philadelphia.

For the notes of the following case and for the privilege of reporting it this evening, I am indebted to my friend, Dr. E. E. Montgomery.

Mrs. G., aged 32, moderate height, quite stout and broad across the hips. Has been married twice, having had four children by the first husband and one (the last) by the second. She states that with the first three children labor was tedious, but unattended by any special difficulty, the children having been small; in the fourth the child was somewhat larger, and labor was protracted, and had to be completed by the forceps. Dr. Montgomery was engaged to attend her in the fifth confinement. She did not give any history of former trouble, and her appearance was not such as to lead one to suspect anything abnormal.

Dr. M. was called to attend her on Sunday, October 19th, 1879, at 5 p.m. He found her complaining of severe pains, and learned that labor had begun early in the morning. Upon examination, he found the os pretty well dilated, the bag of membranes protruding, and the head not engaged, but resting upon the pubes. He returned at 7 p.m., to find her condition but little changed. At this examination the finger detected a decided projection from the posterior surface of the pubic symphysis, in a vertical line one-half inch thick; against this the head, which presented in the R. O. P., apparently impinged.

The head was not flexed, as was shown by the advanced position of the anterior fontanelle, which was easily touched by the examining finger. Pressure was made on the head above the pubes, without causing it to engage, and a similar course subsequent to the rupture of the membranes was equally futile. He now applied the forceps, Wallace's, to the sides of the pelvis, but strong traction only caused the instrument to slip without advancing the head in the least. An attempt with a new pair belonging to me, also Wallace's pattern, met with no better success. Dr. Chas. Styer and myself were now summoned to Dr. Montgomery's assistance. The patient was fully etherized, and a pair of strongly curved forceps, which, from their shape, are specially adapted to seize the head firmly at the brim, were applied, but traction only caused them to slip as before. A careful exploration with the hand disclosed a projecting promontory, which, with the enlargement on the symphysis pubis, contracted the conjugate to at least three inches. The pelvis laterally seemed capacious enough, and as there was no evidence of fetal death, it was decided to turn, in the hope of thereby saving the child. Dr. Montgomery introduced a hand, grasped a leg and brought it down without much difficulty. The child was promptly turned, as the uterus was not very firmly contracted, but the large body and shoulders caused the arms to ascend, and they were only brought down with great effort. The head presenting laterally at the brim offered the greatest difficulty, and the Doctor's effort, now pretty well exhausted by his exertions, failed to cause it to pass the obstruction. I now took hold, and putting on the neck of the child all the force I was capable of, with the

pump-handle movement described by Goodell, succeeded in accomplishing delivery. The placenta soon followed and the uterus was stimulated to contraction by friction and the hypodermic injection of the f. ext. of ergot. The whole delivery occupied about fifteen, or at the most, twenty minutes. The fetus, a female, was dead and quite large, weighing in the neighborhood of ten pounds, the head presenting a bi-parietal diameter of four inches. The skull was apparently not fractured nor much indented, but the mobility of the bones testified to the compression they had undergone. The spine had parted in the upper dorsal region during the traction on the trunk, which was necessary to cause the shoulders to come low enough to reach the arms. The cervical spine was not broken. Excepting some incontinence of urine, due to paralysis of the vesical sphincter, and slight cystitis, lasting a few days, the convalescence was unattended by unfavorable symptoms. This case was deemed important enough to engage your attention this evening, on account of its bearing upon the still vexed question of the propriety of version as an alternative for the forceps and craniotomy.

Before the introduction of the forceps turning was the only operation at command when the efforts of the mother proved unavailing; but the discovery of the Chamberlains began a new era in the obstetric art, and the old operation was almost forgotten, excepting as a remedy for mal-presentations, where the forceps were not applicable. Version as an elective operation remained in retirement until Sir James Y. Simpson reintroduced it, and although it has been more than thirty years since this able obstetrician published his arguments in its favor, the operation still remains "sub judice."

Perhaps many of you will remember a very lengthy discussion on this subject before the Philadelphia Obstetric Society, in 1875, which gave room for quotations from a great number of authorities, from worthies with Latin names, who flourished away back in the Fifth century, down to the more ordinary people of the present day, containing, besides personal allusions, sharp retorts, and apparently intentional misrepresentation, which one expects to hear in political speeches, but which are scarcely appropriate in a scientific discussion.

In order to bring the subject of version as a substitute for the forceps and craniotomy fairly before the Society, you will pardon me if I go over as briefly as possible some of the arguments pro and con, and in so doing I will take the liberty of using the writings of Simpson, the

articles of Dr. Goodell, and the rebutting testimony of his chief opponent in the discussion already mentioned, Dr. Elwood Wilson.

The controversy between the advocates of forceps and craniotomy on the one hand, and of version on the other, may be narrowed down to those cases of deformity of the superior strait such as related above, where the head presents as detained at the brim. No one would attempt the dangerous and often impossible operation of pushing back a head already fixed in the excavation, in order to reach a foot for the purpose of turning. So, too, we will exclude unnatural presentations, such as those of the shoulder, and accidents like prolapse of the cord, whose very nature precludes an application of the forceps. Here version is not an elective operation, but a necessity. Now, if we bear in mind that even in the most perfect pelvis the promontory of the sacrum forms a projecting point which breaks the regular oval of the inlet of the pelvis, and if we recall the manner in which the lumbar vertebrae are united to the sacrum, we will readily understand how the weight of the body acting on softened bones will push this dangerous point still further toward the pubes, and badly damage the pelvis in its most important, because shortest, diameter. Thus we find a narrow conjugate the most common deformity, and hence the debatable ground contested by the advocates of version and the forceps is very extensive, and has to do with most cases of contracted pelvis.

1. The advocates of version advise that in pelvis moderately contracted in the conjugate turning should be practiced after a fair but unsuccessful trial with the forceps, before the child's life and the mother's safety are compromised by the prolonged labor and traction, in the hopes of extracting a living child. Thus making version an alternative for craniotomy.

2. In pelvis whose conjugate is badly damaged (2.75 to 3.25 Goodell), version should be preferred at once, without a trial of the forceps, providing there is space enough laterally, a sine qua non in version. If the pelvis is uniformly contracted at the superior strait, forceps should be preferred.

Let us look now at some of the arguments put forth in favor of the above, and how they are met by the other side. The first and second propositions have to do with the shape of the fetal cranium, and contrast the mechanism in head first and head last when the conjugate is deformed.

1. When the head presents, it is more or less

transverse and does not tend to flex, remaining in a transverse position with the anterior fontanelle in easy reach of the finger, a proof that the head is not thoroughly flexed. Because the biparietal diameter is greater than the narrow conjugate, the uterine efforts only tend to flatten out the vault of the cranium and increase the difficulty. If, now, the forceps are applied, they either catch the head in the occipito-frontal diameter, when applied to the sides of the pelvis (remember the head is transverse), or in the fronto-mastoid diameter when put on obliquely. In either case the compression necessary for strong traction acts in the wrong direction, even increasing the offending diameter, and traction, as before, tends to flatten out the vault of the cranium. I say "tends to flatten out" advisedly, for the advocates of version by no means call in question the well-observed fact that not only the forceps but the unaided efforts have, in some cases, caused delivery through very small pelvises; but they maintain that both often fail, and they propose, as they think, a better plan. This proposition, as it questions the utility of the forceps, at once calls to arms the many able advocates of that instrument. The latter, while they admit that the head is usually more or less transverse, state that it does flex ultimately under the uterine efforts, or can be made to do so by the forceps. The objection of the necessarily faulty application of the forceps at the superior strait with the head transverse, is met in two ways. It is denied by a few, who maintain that the forceps should always be applied to the sides of the head, thus making compression in the diameter which most needs to be lessened. If this can be done in the cases in question, it is certainly a strong argument for the forceps. But the vast majority of even the warmest partisans for that instrument, and the most bitter opponents of version, deny that it is possible to so apply them. Among these I will only cite the names of Meigs and Hodge, who are certainly high authority, and have influenced, in great degree, the practice of this country. It is not for me to question the veracity of those who positively declare that they are in the habit of putting on the forceps to the sides of the head, with the latter transverse and above the superior strait in a deformed pelvis, but for myself, not being a "master with the forceps," I will continue to be well satisfied with the pelvic application, excepting where the head is low enough in the pelvis to make the cephalic application easy. By far the more common argument is to admit that the forceps cannot be applied to the sides of the head, but, at best, must

seize it obliquely. That the instrument makes the traction while the pelvis moulds the head. The advocates for the forceps point to the cases of unaided delivery, and delivery with the forceps through very flat pelvises, but these cases are few, and are evidently recorded as remarkable and unusual, and, as Dr. Goodell has pointed out, do not prove much in the absence of statistics of the failure of forceps and resulting craniotomy.

2. Simpson was the first to liken the fetal cranium to a cone with its apex the bi-mastoid or bi-temporal diameter, and the base the biparietal. He contended that version caused the apex of this cone or wedge, which is from a half to three-quarters of an inch less than the base, the bi-parietal diameter, to enter the narrow conjugate first, and by traction the projecting promontory caused compression of the sides of the head to an extent sufficient to allow delivery to take place. I think that we can admit the truth of this explanation of the mechanism, as I can find no sufficient reason for doubting it, and the vertical depression on the cranium frequently noticed marks, without doubt, the track of the promontory. This admission need not, however, prevent us from believing, with the advocates of the forceps, that the compression is just as efficient, or more so, with that instrument, because the vault of the cranium is more compressible than the base, and, as has been stated, they deny that the head is flattened out instead of moulded, in head first.

3. It frequently occurs that the promontory of the sacrum projects more to one side than the other, thus making the sides of the pelvis unequal. If the vertex is toward the small side it is claimed that version can be made to bring the large end of the head in relation with the roomy side, an advantage which cannot be gained in any other way. Some of those who generally prefer the forceps concede the advantage of version in this particular case. Others believe that the difficulties, especially from the contracted pelvis, will prevent, in many cases, this nice adjustment of parts. Other objections, not exclusively belonging to this proposition, will be mentioned in their proper place.

The following propositions relate especially to the child:—

4. The bilateral pressure gained by version is less dangerous to the child than the oblique or longitudinal pressure of the forceps, because it is not long continued, and because the anatomy of the brain (from arrangement of face and sinuses, Simpson) admits of greater pressure laterally without serious harm. There are recorded several

cases of living children born with deep impressions in the skull, from forcible delivery by version. But the oblique application of the forceps, it is claimed, often causes mortal injury to the brain, or the mastoid blade may fatally pinch the cord around the neck. This last accident occurred to me in the case of a primiparous woman, where the forceps were used at the superior strait, the child being very large and the pelvis of but ordinary capacity. In reply to this, the advocates of the forceps deny that the instrument is prejudicial to the child, and in the absence of sufficient statistics, this point must remain unsettled. The statistics of Simpson, which go to prove that in his day turning was less fatal to the child than even delivery by forceps, cannot, I think, be accepted in the present improved practice with that instrument. In the cases which he gives us the forceps were not commonly applied until much valuable time had been lost in allowing the labor to go on unaided. It is well known that both fetal and maternal mortality are inseparable from duration of labor, and the forceps must not be charged with causing death which was due to inaction and delay.

5. The child's neck will safely bear strong traction. In spite of theoretical and sentimental objections, this must be conceded. Actual experience has proved that the neck will bear with safety a traction force of at least a hundred pounds, if it is not twisted. If to this is added propulsion by the hand of an assistant, from above the pubes, great force is brought to bear. The time-honored dictum, "not to pull on the body for fear of parting it from the head," I believe caused me to lose my first case of breech presentation, for while, with the nervousness of a novice, I was attempting to adjust the forceps in the body of a woman tossing over the bed in an agony of pain, I had the mortification to see the child, with only the head unborn, die before my eyes, when a properly directed pull would most likely have ended the difficulty. In a very limited experience I have three times exerted strong traction on the after-coming head without injury to the neck.

6. The objection to turning on account of danger to the child which carries most weight with it, is the great risk of death from interference with the placental circulation. Undoubtedly the mortality in head-last labors is high. This is due, as you all know, to compression of the cord, and especially to the fact that the uterus is emptied and the function of the placenta cut off before the head is born. The advocates of version believe that the projecting promontory serves to protect

the cord, by preventing the head from coming into contact with the brim, and they teach that the cord should be made to occupy the side through which the face is to pass, because the face is smaller and less liable to pinch it than the more voluminous vertex. Nothing but a speedy delivery will remedy the cutting off of the placentas by the contracting and empty uterus.

Now let us look at some of the arguments which refer to the mother.

7. It is claimed that version after the escape of the waters is dangerous to the mother, leading to rupture of the uterus, metritis, etc., and the high maternal mortality is pointed out as evidence of this. But the mortality after version often really belongs to the complication for which the operation was done, so that after excluding cases complicated by *placenta prævia*, hemorrhage, convulsions, etc., the great danger is not by any means proved, provided that the operation is undertaken early, and in a uterus which is not very strongly contracted, and under the full effects of anaesthesia.

8. The advocates of version claim that the transient pressure in the delivery by that operation lessens the risk of sloughing and other injury to the mother from long impaction of the head, and by lessening the duration of the labor it reduces maternal mortality. It is a fact that a mere length of labor has an important bearing on the mortality, especially of hospitals, and it is also conceded, I think, that sloughing and injury to the soft parts usually result from prolonged impaction of the head.

9. On the other hand, those opposed to version maintain that the rapid delivery is liable to lacerate the cervix, vagina and perineum, and the sudden emptying of the womb predisposes to flooding. These very plausible but theoretical objections must also be put down "not proven."

10. Many have been deterred from attempting version, fearing that in case of failure craniotomy would be very difficult. But those who are familiar with the operation under these circumstances state that if the base can be made to engage, and, with the lower pelvis roomy, craniotomy offers no special difficulties.

The limits of such a paper as this have prevented me from doing more than simply to indicate the points on which authorities differ; but I do not so much regret coming before you in this sketchy way, because the utility of version as an elective operation is not at all settled. On such a question as this experience is the only arbitrator, and individual opinion, no matter how respectable, if it is not backed by clinical statis-

ties, amounts to very little. Dr. Goodell, in defending his clinical memoir, claims that the objections against version do not apply in their full force to the operation advised by him, because he brings forward a new and improved method of making traction to deliver the head. As far as I know, his claim is well taken, but if it were not, he who shows us how to use the instruments we already have is as great a discoverer as he who invents new ones, and Dr. Goodell deserves our thanks for giving us clear and explicit directions for an emergency which requires prompt and efficient action.

Let us see what are Dr. Goodell's directions for making traction. I quote from his "Clinical Memoir on Turning in Pelves Narrowed in the Conjugate Diameter."

"In a brim narrowed in its conjugate, the sacral side of the after-coming head is bent in and fixed by the jutting promontory. Hence, as Barnes has shown, the extrication of the head, as a whole, can take place only when its pubic side revolves around the promontory and descends over the smooth under surface of the symphysis of the pubes; in other words, the head must be warped around the promontory. Bearing this fact in mind, it is important, after version, that the sacral side of the head should be caught at a point as near as possible to the vault. To gain this end, the physician, after grasping the nape of the neck with one hand, and the ankles with the other, should make his first movement of traction in the axis of the outlet. For then the pubic side of the head will be tilted away from the inlet, while the sacral side will proportionally descend over the promontory and affront the brim. This canting of the head can be very materially aided by the free hands of the assistants, who will make very firm downward and backward pressure upon the vault of the head through the now flaccid abdominal walls. By these manœuvres the sharp promontory is made to indent the sacral side of the head at a point still higher up and nearer to the vault. Hence, the arm of the lever, measured by a line drawn from the base of the skull to this fixed point, will be correspondingly lengthened—a mechanical advantage not to be overlooked. If now, without for a moment remitting, but rather increasing, the traction, its direction be reversed, and the child's body swept backward over the coccyx, the neck being also forced downward and backward into the hollow of the sacrum with all one's power—the sacral side of the head becomes bent in, and the pubic side is made to revolve around the promontory and descend

with the least expenditure of force. Apart from the leverage thus gained, and the shorter arc thus described around the promontory as the centre of motion, I am not sure but this manœuvre will, in very narrow pelvis, so cant the cranial base as to get it below the sharp edge of the promontory. This much I can affirm: That by this method less power is needed to deliver average heads in narrow pelvis than large heads in average pelvis. For in the former the resistance is limited to a single osseous point; in the latter diffused over the whole bony brim.

"Whenever this mode of traction fails at once to release the head from the grip of the brim, or the difficulty lies rather in the size of the head than in the narrowness of the pelvis, I have on several occasions, especially in original headlast labors, found a pump-handle movement very efficient. Made with steady and unremitting traction, and aided by supra-pubic propulsion, it will cause each side of the wedge-shaped head to descend alternately. The range of oscillation should extend from the axis of the outlet anteriorly to very firm pressure on the coccyx posteriorly.

"As soon as the unflexed head has passed the brim, which it usually does with a well marked jerk, it is brought into relation with new pelvic diameters. Flexion and rotation now spontaneously take place, and the line of traction must be changed to that of the outlet. And when, finally, the head is about to clear the bony canal, the body of the child should be raised up in front of the pubes and traction made in a line at right angles to the mother's body." Pages 71 and 72.

I have made this rather lengthy quotation, at the risk of being tedious, because it is all important that we should have clear ideas of what we intend to do before we attempt such a grave operation, and I have, therefore, given you Dr. Goodell's words without attempting to condense them.

In conclusion, I will express the modest opinion that whatever may be our estimate of the value of the forceps, the obstetrician who has due regard for the life of the foetus should attempt the operation of version if the condition is such as to warrant a trial, before resorting to the bloody and revolting operation of craniotomy. We may hope that we will have the good fortune to escape such trying cases, but we know not at what moment we may be brought face to face with them, and it therefore behoves us to be prepared and ready with a line of action which offers the best chance of safety to those entrusted to our care.

PUERPERAL FEVER WITH PERI-UTERINE CELLULITIS.

BY FRED. HORNER, JR., M.D.,
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Fever is defined to be general disturbance of the organic, nervous and circulatory systems, whether caused by inflammation, cryptogamic or septic poisoning, affecting special organs, as the womb, brain, or lungs, and is accompanied by frequent pulse, increase of heat, due to the rapid oxidation of the blood, and nervous derangement, wrought by the action of a poison introduced from without or within the system, and akin in its effects to fermentation. Not excepting the most malignant forms of yellow fever, or of any known disease, none are more destructive than the fever known as puerperal, and especially when septicæmia occurs. Both patient and accoucheur regard its occurrence with terror. Upon its prompt recognition and the judgment, skill and nerve of the physician, will often depend the salvation of a life invaluable to a family and to society. A case may occur at any moment, under circumstances the most favorable for escape, and if within the limits of a hospital or crowded city, may prove the source of danger and death, by infection or contagion, to others in the community. Fortunately, during the present century, the wise application of sanitary regulations and of disinfectants has lessened the evils incident to this disease. It has not prevailed in this country in epidemic form for many years. During the autumn and winter of 1878 and the spring of 1879 puerperal fever has occurred in various parts of Virginia, especially in the rural districts and also in the cities. The weather, which was unusually cold and wet, favored the production of zymotic diseases, such as diphtheria, erysipelas and typhoid pneumonia, with fatal results in some instances. Charles D. Meigs, M.D., in his treatise on "Childbed Fevers," has given a history and table of this fever, prevalent at former periods, dating back as far as 1652, commencing with one which prevailed in Leipsic, proving the disease to be epidemic, and affecting all women who may be confined at such a time. In 1853 this occurred in Philadelphia. In this treatise are given the following prominent symptoms of puerperal fever, viz., "Chill, marked by intense rigor, severe soreness and pain in the iliac region, with tenderness of the soft parts; the fundus uteri sore to the touch; tongue white and moist; headache, thirst, dorsal decubitus; motion of the thighs, or the effort to turn or rise in bed, causes suffering; pulse rapid and in some cases 140 per minute, with a vigor-

ous stroke; extreme tenderness of the abdomen, altered physiognomy and hysteria." This eminent author and father of American obstetric science, in discussing the pathology of this fever, assumes the disease to be true phlegmonous inflammation, passing into phlebitis, with pyæmic intoxication, infiltration and abscess.

The following case of puerperal fever, complicated with peri-uterine cellulitis and septicæmia, occurred in the practice of the writer, in the month of November, 1878. Of the first confinement of the patient, the one now to be considered being the third birth, the history and details were given in the MEDICAL AND SURGICAL REPORTER, vol. xxxvii. Dystocia then occurred, demanding the prompt use of the forceps. It was stated that the patient, previous to marriage, enjoyed robust health; whenever pregnant, however, her sufferings from gastric disorder and colic made life barely endurable.

During the present, her third pregnancy, she worked a great deal on the sewing machine, had unnatural thirst, and was affected with hyperæmia, and had the misfortune, a few weeks before her confinement, to receive a fall down a flight of steps, in the dark, by stepping on a cat. From the latter accident the nervous shock was severe, though no injury of the coccyx or spine was detected, save a bruise of the soft parts. Shortly afterward congestion of the abdominal veins was noticed. The birth, according to accurate reckoning, was delayed ten days by this accident.

Thomas Addis Emmet, M.D., "Principles and Practice of Gynaecology," gives an accurate description of pelvic cellulitis, and says that "the pelvic cellular tissue becomes inflamed, involving the vagina, uterus and bladder; abscess forms and discharges through either of these canals or organs; the rupture of a blood vessel by a fall will cause this accident. The inflammation is confined either to the broad ligament, posterior cul-de-sac, to the space between the uterus and bladder, or it may be general. It is common, and more important in being seldom recognized. If the disease be smouldering it is evidenced by pain produced on pressure; the posterior cul-de-sac must then be examined; the finger introduced into the rectum will detect tenderness, excited by pressure, local inflammation in the upper part of the broad ligaments, along the course of the fallopian tubes or in the ovaries, which could not be recognized from the vagina. The disease may be confined to a single point, or it may be a general cellulitis, involving the peritoneum."

T. Gaillard Thomas, M.D., "Practical Diseases of Women," describes three stages of this disease: 1st, Congestion; 2d, Effusion of liquor sanguinis; and 3d, Suppuration. In its course it may be likened to an ordinary furuncle; as a sequel of parturition, the abscess discharges itself either through the pelvic viscera, per vagina, urethra or rectum." Medical authors do not mention a frequent cause of peri-uterine cellulitis, viz.: accident among country women of the operative class, who carry pails of water on their heads, or parcels of wood up heights or down hill.

In resuming the history and progress of the case under consideration, the following symptoms were observed on the fourth day: The patient complained of torturing pain in the head and limbs, the groin, thighs and spine, and intense thirst; the pulse was 120; the countenance conveying an expression not to be described, that of fright or distress, styled by the French figure tirée; the skin was tightened or drawn upward, the pupil of the left eye contracted, and the expression that of amaurosis, or as if strabismus existed. The lochia were wholly suspended. The tongue hot, dry, and covered with a whitish coat. The gravity of the affection was thus recognized. The infant was removed to another room, Drs. Frost and Speiden were called in consultation, and it was decided to forego the use of the lancet; leeches could not be obtained. The patient was placed under a full opiate treatment, solution sulph. morph., f. 3j, every hour, alternating with sol. salicycinate sodae, every two hours. Pil. sulph. quiniae, gr. xj, early in the morning, preceding the return of the fever, and at night after its subsidence—

R. Liebig's ext. beef,	3j
Sulph. quiniae,	9ij
McMunn's elixir opii,	gtt. lx
Hot water,	Oij.

Enema; to be repeated during the night every four hours, for the relief of nausea and to support the strength, as recommended by Dr. Busey, of Washington City. Local applications of hop and flax-seed poultices. Teaspoonfuls of champagne with bits of ice and fresh cow's milk were also given. Written instructions were made out for the nurses, two of whom were kept on duty day and night. Dysuria required the use of the catheter twice daily. During the time the weather was intensely cold, the thermometer 3° below zero. The effects of this treatment at the close of eight days was to check the local inflammation and subdue the

fever. The abdomen was less swollen. Test of urine with nitric acid and heat revealed the existence of albumen; lithic acid in excess. On the ninth day pil. hydrarg, gr. x, followed by seidlitz powder, were ordered; acted freely. Though warned, the nurse failed to have used the bed chamber, and allowed the patient to change her clothing and sit up in a cold room. The following day fever recurred; pulse 120, heat 103°; the apartment and cloths saturated with the peculiar fetor of a case of puerperal fever; hypogastric pain, dorsal decubitus, altered physiognomy, and dysuria; patches of pus were observed adherent to the sides of the urinal, with floating shreds of muco-purulent matter; the effort to move causes violent, stabbing pain in the region of the kidneys, pain in the head, confined to the base of the brain, and in line with the longitudinal sinus; almost total loss of sleep. Treatment, sol. morph. and pil. quiniae and enemata continued.

R. Bicarb. potass, 3ij
Aquaæ, 3xij.

Tablespoonful every three hours. Fl. ext. gelsemii, gtt. viij, every two hours, and vaginal injections:—

R. Carbolic acid, gtt. v
Tilden's bromo-chloraline, 3ij
Hot water, Oss.

Bis in die.

Diet, chicken broth and milk, oranges, Malaga grapes and jellies.

During this second stage of the fever, and the progress of symptoms of peri-uterine cellulitis, vaginal and rectal examinations confirmed the presence of an abscess accompanied by peritoneal inflammation of a limited character. Under the circumstances, a mild purgative is questionable practice—a single dose of castor oil having proved the occasion of a fatal result in a few hours' time.

It may be claimed that the opiate and quinine treatment, with bicarbonate of potass, during and subsequent to the maturation of the abscess, and constant supporting diet in the form of enemata of beef extract, champagne, malt and lager, and the use of the catheter, contributed to avert a fatal result.

At the end of thirteen weeks subsequent to confinement the patient was well enough to leave her room for the first time, requiring only, as a tonic and aperient, the following prescriptions:—

R. Iron by hydrogen,	gr. j
Ext. belladonnaæ,	gr. $\frac{1}{2}$
Strychniæ,	gr. $\frac{1}{12}$.

Pill ter in die.

R.	Pulv. rhei,	gr.ij
	Ext. belladonnae,	gr.ij
	Ext. podophyl.,	gr.ij M.

SIG.—One at bedtime. Buffalo lithia waters.

During the period of a slow and protracted convalescence, any error of diet or over exertion, whether physical or mental, was attended by gastric suffering, nausea and vomiting, loss of appetite, palpitations of the heart and neurasthenia. For these symptoms, along with anodynes, Wyeth's peptonic pills, one after each meal, and also ten grains of lactopeptine, under like circumstances, acted most happily.

The recovery of this patient was nearly complete in the month of June, six months after childbirth and her illness of fever, when she imprudently exposed herself to the wet and cold of a spring house and worked on a sewing machine; unluckily this occurred during the first catamenial period since her illness, and was accompanied by nausea, persistent vomiting and uterine colic. The nervous exhaustion produced by the violence of the pain and retching nearly proved fatal. The treatment was by inhalations of chloroform and sulphate of morphia internally, the patient refusing to have it applied hypodermically, but without avail, for forty-eight hours. The urine at first was turbid and scanty; after standing it presented the cayenne pepper deposit, with a bright red line around the border of the urinal, as occurs in some cases of gout, due to lack of assimilation of the nitrogenous elements of the food, or when an acute inflammatory affection is followed by anaemia. Consultation with Drs. Frost and Speiden decided the non-existence of Bright's disease; that the stomach and uterine organs were the seat of disease. Absolute fasting was enjoined for seventy-two hours. Lemonade only allowed, with enemata of beef extract and McMunn's elixir opii. The patient rallied under this treatment, to undertake the journey to Toronto, Canada, where she was submitted to electro-galvanism and baths, under the kind and faithful care of Mrs. Jenny K. Trout, M.D., and E. Amelia Teft, M.D., with great benefit and marked improvement of health.

Influence of Phosphorus on the Urine.

M. Cazeneuve reported recently, to the Académie des Sciences concerning the influence of phosphorus on the urinary secretion. Experiments on the dog and the cat show that phosphorus, given in toxic doses, causes increase of urea, phosphoric acid, sulphuric acid, the total nitrogen, and iron. The author disagrees with the view of certain physiologists who regard the liver as the principal organ formative of urea.

HOSPITAL REPORTS.

CINCINNATI HOSPITAL. SURGICAL CLINIC OF PROF. C. S. MUSCROFT.

REPORTED BY A. H. KELCH.

Tumor of the Scrotum and Removal of Testis.

This is the patient, gentlemen, who was brought before you last week. We examined the bladder at the time, because the patient was suffering from cystitis, but we found nothing else. Of course, when cystitis exists it is better to explore the bladder in order to be sure whether it contains a foreign substance, such as calculus. You know, in the other case presented to you, I told you I thought we would find a calculus, and so we did. I shall operate upon that patient next Monday. We found in this old gentleman what we would be very apt to find in all such cases, enlargement of the prostate gland, and I suppose it is one of chronic hypertrophy and irritation of the gland—that chronic hypertrophy found in persons of advanced age. This man is about at the age at which we would expect such a condition, that is fifty-five or sixty. I know of but few cases on record where this condition has been found to exist previous to fifty-five. What we bring this patient before you to-day for is this: he has, as you see, an enlargement of the scrotum on the left side, and that is the subject of our more especial investigation. When you have a tumor within the scrotum your duty is to ascertain as near as you can the true nature of the enlargement. This tumor seems to have grown very rapidly during the past week. Here is the enlargement, and it is probably the testicle, which is a glandular organ and subject to such an involvement. What we want to ascertain, in the examination of such a tumor as that is, whether it be connected with the abdominal cavity or not; whether it will pass upward; in other words, whether it be a hernial tumor. There are many diseases of the scrotum that you cannot positively diagnose. I would not give, in a case like this, a positive opinion. My impression, however, lies in the direction that it is the testis itself that is diseased. Some swellings of the testes commence in an acute form, as an epididymitis, the inflammation extending to the gland. When the gland alone is affected the disease is called orchitis. But when you have both of these involved you would call the condition, properly, testitis.

This tumor of the testicle might, perhaps, be chronic inflammation of the organ, but I do not think it is, for the reason that we have in chronic inflammation, generally, some hydrocele associated. You see the integument moves outside of the tunica vaginalis. Then, again, we have sometimes a tubercular condition of the testicle, that may go on for a long time without the patient being aware that he has any trouble, until a tumor is well formed, involving the epididymis or gland itself, and after a time suppuration may occur. On account of the want of pain in these cases the patient is not apt to call attention to it until considerable progress has already been made. In chronic inflammation the organ has a

peculiar shape, being flattened from side to side. In this case we have a little prominence here below, such as might be found in tuberculous testicle; the greater part of the gland, however, being regular in shape. The patient you observe, as I freely handle this tumor, makes no complaint of pain. I think, together with the other surgeons of the Hospital staff who have examined the patient, that this is cystic degeneration of the testicle. There is no involvement of the inguinal glands. We will explore it and see. In syphilitic involvement the testicle would not be near so large; it might be pyriform in shape, and the pain be greater than in this case. So, too, in syphilitic enlargement, both testicles are nearly always implicated, and their enlargement is attended by more or less hydrocele.

Another form of disease we have to consider in a case like this is the gouty testicle. In that case the patient generally feels more pain at night; and another peculiarity of the disease consists in the fact that the other testicle is more or less liable to be affected through sympathy. You know hernia is one of the diseases about which we must be very careful lest we overlook it in these operations. Such mistakes have been made, and some instances have occurred where a thrust made into such a tumor has cost the patient his life. This patient is hardly aware of the commencement of this disease. He thinks he has had it about a year, his attention having first been called to it by the dragging weight of the testicle itself. That is the way that tubercular disease of the testicle first manifests itself. If this were a hydrocele we would find the testicle in the posterior part of the scrotum. But this tumor feels quite hard, and if it were a hydrocele, and I should press upon the testicle in this way, there would be the agonizing pain produced that is consequent upon pressure of the healthy organ. If, however, we decide this to be cystic disease of the organ, as I have already expressed my opinion it is, what would be the remedy? I believe there has never been anything efficient except castration, and after making the proper exploration, I shall remove the testicle. I think, however, there is no doubt about my being compelled to open the scrotum and take out the organ. I will now examine the tumor by transmitted light. There is not the slightest translucency here. It is perfectly dark, just as I expected. And now when I tap it, you can see there is plenty of fluid, just as I thought we would find. Now, suppose this should, as I said before, prove to be, instead of cystic disease of the organ, nothing more than hydrocele. Then we can go on and perform what would be evidently a radical cure; and where I want to make a radical cure, I always open the scrotum, and after allowing the fluid to run away, then cut off a part of the tunica vaginalis. Granulation takes place, and by this process the parts will heal and the disease is entirely cured; cured in such a way that it does not return. This operation does not act upon the same principle as stimulating injections, such as iodine, wines, sulphate of zinc, etc. It acts more slowly, and gives the parts more time to recover themselves, and the disease is not so apt to return. I have never known

a hydrocele to return after an operation of this kind, and I do know of several cases where it has returned after the injection method. As in ordinary circumstances, we shall go on with the operation, and if we find this to be hydrocele we can perform the operation for radical cure, and if we find it to be cystic or other disease requiring such measure, we can take the organ out.

Operation.—There is a part of the process in which you must be very careful, and that is to tie the spermatic cord and vessels as tight as possible, and not, as some do, to tie the vessels separately. After performing an operation of this kind, no matter how much loose cutaneous tissue you may have after the operation is performed, do not permit yourselves to make the mistake of cutting any of it away. It will contract, and by evening you will find this wound not more than one-third its present length. Here is the other organ left, with a healthy epididymis, and this man, in a few weeks, will probably be perfectly well. It is said that this operation tends to strengthen the remaining testicle, and that the operation does not at all interfere with the proper function of it.

Now, let us examine this tumor. Here, you see, is a softened, broken down, bloody infiltration, that has more the appearance of encephaloid tumor than anything else. Here is a decided cyst, but in malignant formations you are apt to have cysts. Here is a protuberance that looks very much like what is called fungus hematodes. Hence, as I said in the beginning, in tumors of the testicle you should always give a guarded opinion as to the diagnosis. But whatever the diagnosis may be, these tumors are to be removed. Two or three stitches here will be sufficient, and if any bleeding should occur repress it. The ligature I have applied to the spermatic cord will be left, and in the course of ten days it will probably come away.

MEDICAL SOCIETIES.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

Dr. Stone read a paper upon

Vesien in Contracted Pelvis (See p. 111).

Dr. Walker stated that he had not seen, in all his practice, a single case of well marked contracted pelvis. He would, therefore, not make many objections to the propositions laid down by the orator of the evening. Most authors state that when the head is well engaged and the waters broken, it is impossible to turn the child. His own experience, however, disputed the statement. He then related a case of mento-posterior presentation, in which, after administering ether, he returned the head above the brim and brought down the vertex. There existed no indication for turning, though there would have been no difficulty in performing it. The statements of the books he, therefore, thought to be theoretical, rather than practical. He had recently seen three cases in which rapid delivery

by version had resulted in laceration of the os uteri. His trouble had not been in getting the child out of the pelvis, but out of the uterus; therefore we should not perform version until the os is well dilated, so as not to resist the oncoming parts. When we are obliged to deliver early and rapidly (in consequence of hemorrhage, etc.), he believes the forceps to be better than version, because of this tendency to laceration of the os.

The amount of pulling required to extract the child after version is sometimes considerable. The prevalent teaching in the schools he thought erroneous upon this point. He lost his first case of head-last presentation, because of the teaching he had received, which was to use no force.

Dr. Wittig thought the use of force dangerous to both mother and child. He formerly had a great many cases; he related one in which he

turned the child and used all the force he thought proper, yet it died from the delay in extracting the head.

Another case, in which the contraction was still greater, he turned, and after using all the force he considered safe, could not deliver the head, and therefore was obliged to perform craniotomy under bad conditions; in this case the mother died.

Dr. Heilman thought the danger of rupturing the neck of the child by traction to be usually overstated. He actually delivered a woman of a dead fetus, already softened by maceration. He found it necessary to turn the child and exert traction, which he did, to the extent of using all the strength of which he was capable, yet he did not separate the cervical vertebrae even in this weakened, soft condition.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Application of Oxygen to Ulcerating Surfaces.

In the *Lancet*, October 25, Dr. R. H. Goolden writes—

A patient was admitted into St. Thomas' Hospital, who was suffering from sphagénic ulceration of the throat. It was progressing with great rapidity, and in a very few days had destroyed the uvula and the greater portion of the soft palate. There was no reason to believe that it was the result of syphilis, except the general opinion that that form of ulceration is one of the subsequent stages of the specific disease. There was no secondary eruption, and she denied that she had ever had or been treated for it; but I hazard no opinion on that subject, as it is difficult to rely upon any statement of a hospital patient in such a case. What was left of the palate was of a bright crimson color, with elevated edges, discharging dirty, cream-like matter; the breath was very offensive, and she could neither speak intelligibly nor swallow liquid, which regurgitated through the nose.

The usual treatment in such cases is, I believe, the inhalation of the fumes of oxide of mercury, given off from hot iron. Now, it had often struck me that there must be some reason why such mercurial fumes should be so generally efficacious, and at the same time all forms of mercury taken into the stomach or through the skin are known to aggravate the process. Also that it is necessary to heat the iron upon which the oxide of mercury is thrown to a very high temperature to get any fumes at all, and even that protoxide of mercury, the black powder, when heated to an ordinary red heat and exposed to the atmosphere, absorbs oxygen and becomes peroxide, yielding no fumes, but when raised to a white heat or to the boiling point of mercury, it dissipates and gives off a white smoke. Now it is clear that no patient could inhale anything at so high a tem-

perature, and that it must necessarily be allowed to cool somewhat before it could be attempted. This is what virtually occurs in the inhaler. The mercury is given off in vapor with its oxygen, but they are decomposed. The mercurial fumes do not rise with the oxygen, but, as soon as the boiling point is not sustained, fall back as crude mercury, or partly oxide, while the free oxygen pursues its way through the inhaling tube and is inspired. Under this idea I made the patient inhale pure oxygen, made in the laboratory in the usual way, from peroxide of manganese and chlorate of potassa, with the satisfactory result of arresting the destructive process. Though the greater part of the soft palate and uvula no longer existed, and speech was unintelligible, and fluid passed through the nose instead of downward, that which was left soon assumed a healthy character and healed, and within two weeks some part of the palate was operated on and a metallic plate supplied, and she was discharged in as satisfactory a condition, both as to swallowing and speaking, as could be hoped for after the destruction of the parts to so large an extent.

I had an opportunity of trying the same plan soon afterward, with exactly the same effect. There was some inconvenience in the use of the laboratory gasometer, as the patient could not be prevented from exhaling the gas into the gasometer after the inspiration, and it was naturally objected to. So I procured two large bags, to each of which there were attached two openings, the one for introducing the oxygen from the gasometer and the other for inhalation. To the latter two stop cocks were attached, and a glass mouthpiece with a valve, which allowed the free inspiration from the bag, but the expired gas was prevented from being returned into it, so that I had always at command a quantity of pure oxygen for respiration. The glass tubes were easily removed and washed.

There were some considerable advantages in

this plan. I got rid of the use of mercury altogether, and could continue the use of the oxygen at pleasure, knowing that the patient really did inspire it; for I believed that as soon as the hot iron plate became cool, which it was sure to do in a few minutes, there would be no inhalation of the fumes, as they would cease, and no oxygen be produced for inhalation, but the patient would merely breathe common air rather warmer than the atmosphere. In any general or lock-hospital this plan is fraught with no difficulty; but in private practice the machinery would be too cumbersome, and any other plan is costly.

Oxygen may be prepared without heat by mixing permanganate of potassa and binoxide of hydrogen, but the latter material is not everywhere easily obtained, and is spontaneously decomposed by a high temperature, such as we often get on a hot summer's day, and drives out the cork or bursts the bottle, and must be kept in a cool and dark place.

Stammering of the Vocal Cords.

Dr. Prosser James, Lecturer on *materia medica* at the London Hospital, says, in the *Lancet*, Nov. 15th—

The affection to which attention is here directed is not a mere curiosity. It may entirely suspend the work of clergymen, barristers, singers, and others who make a professional use of the voice, and I have known it seriously interfere with the business of a mercantile man. It has been familiar to me for some time, but the first account of it was contained in a paper I submitted to the meeting at Cork last August, entitled "A Hitherto Undescribed Laryngeal Affection."

The disease appears to be due to defective coördination of the intrinsic laryngeal muscles. The vocal apparatus fails, at intervals, to fully obey the will, the failure giving rise to sudden interruptions to the voice, while the articulating power may be unaffected. As in the generally recognized impediments of speech the harmonious action of the groups of muscles engaged in articulation is disturbed, so in this vocal derangement, which I have termed stammering of the vocal cords, there is an analogous laryngeal motor disturbance. The disordered coördination which so commonly interferes with speech here affects the voice only. The movements required for articulating syllables are perfectly performed, but the production of vocal sound is at intervals suddenly suspended. Syllabulation—to coin a word—is complete, phonation defective. The affection may cause the patient to stop speaking, as he is conscious of what he sometimes calls a "catch in the breath;" or he may continue a sentence from which some words will be lost to the listener. A year or two ago a patient under my care who suffered from this affection was careful to explain that, though he called it a "catch in the breath," he knew well enough that the stop in the sound had no more to do with respiration than with articulation. A clergyman who suffered from the disease in an aggravated degree was deeply distressed by his consciousness of the fact that, though he kept on

reading the service, some of the words dropped soundless from him, a statement verified by friends who accompanied him, and assured me that his lips moved in the usual way for the utterance of words and phrases which were lost in silence. He had been under treatment for a considerable period, and assured me that he had a "clergyman's throat," which had been attempted to be cured by severe measures, none of which had had any effect on his malady. I found the defective action of the cords, the larynx being otherwise healthy, and was thus able at once to put him on the road to recovery.

The sudden interruption of function of the vocal cords is exceedingly difficult to demonstrate; it is not likely to occur during the production of such sounds as are usually emitted in laryngoscopic examinations. I had to watch for a long time and to devise special methods before obtaining ocular demonstration of this stammering of the vocal cords. Isolated sounds are generally correctly articulated, even by confirmed stammerers; so it is in these vocal impediments; the patient can emit separate tones, and may, as could the clergyman named, run up and down the gamut. It is in the rapid emission of certain combinations of sounds that the sudden arrest must be watched for. The vocal cords may, with patience, perhaps be observed at the moment when they hesitate or tremble, at a point not sufficiently approximated for phonation, where they may seem to move as with a series of ineffectual efforts to obey the will, or display the irregular, paroxysmal, or spasmodic actions seen in the mouths of stammerers. In less aggravated cases there may be less distinct interference with voice production, analogous to the defects of utterance called "hesitation of speech."

Treatment of Convulsions in Children.

Dr. Charles Bell says on this subject, in the *Edinburgh Medical Journal*—

Treatment.—The first object in the treatment of convulsions is to allay the spasm and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuanha, according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor-oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advan-

tage, although M. North prefers venesection or cupping, as he says that he has never seen a well marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, the bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

Prognosis.—When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon returns, the case may be considered extremely satisfactory; but if the convulsions are long continued, or of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

The Treatment of Severe Shock.

In a paper by Dr. E. D. Mapother, of Dublin, in the *Medical Press and Circular*, this surgeon directs as follows, for those with a great shock: Spasmodic contraction of the minute arteries is certainly the condition, and external heat most certainly relaxes such spasm. No means can equal a hot-air bath; the temperature can be graduated in two or three chambers; complete recumbency can aid the weakened heart's force, and air heated to any degree can be inspired. I never saw a man who could more truly have been said to have been revivified than was a bronchitis patient, just admitted last Friday night. From one of my surgical wards I was called to see him dying, as it was believed, in a sudden fit of dyspnoea. Breathing the hottest possible steam, within half an hour his respirations became easy and all traces of non-aeration vanished. How much of the effects of smokes of all kinds in asthma may be due to temperature and moisture? In no other bath than that of hot air will the sweat forcibly spring from its glands and burst off the coating which covers our unwashed poor almost as continuously and impermeably as the serpent's slough, and if lung aeration be hindered the skin is the great auxiliary. Water baths, or clothing which only retains heat already set free, and in many shock cases scarcely any is set free, cannot act in the above ways. Frictions with turpentine and other rubefacients, and enemas of water at 120°, or of stimulating mixtures, can be readily used in the heated chamber. The drug I have just mentioned seems most suitable for combating shock; it is quickly diffusible and diuretic. Now, if morbid poisons will contract the general, pulmonary and renal arterioles, as rigor, dyspnoea, scanty and albuminous urine

seem to show, turpentine must be useful by promoting the passage of the blood through the kidneys. In hysteria there is vaso-motor irritation, and turpentine often allays it by diuresis. Nitre, by its diuretic, oxygenating, and fibrin-dissolving actions, may be also useful.

Expansion of the chest by Sylvester's mode, the best, can be most advantageously used in a hot-air bath, as the inspired amount will give, not rob heat. In shock the blood urged from the surface congests the viscera, and artificial respiration must therefore give relief in the renewal of the fit distribution of the blood. We should remember that the whole of the blood would scarcely half distend all the vessels at once, and it is therefore that arterial muscularity, the great distributor, is so powerful, so vital. In the interest of the shocked, the shivering and the starving, I think there should be in every hospital, near the entrance, a hot-air bath. Its use in many forms of disease is becoming more widely known. The fullness of the right heart, and of the unvalved veins above it, in man and other animals, under shock and dyspnoea, has tempted Mr. Savory to advise jugular venesection in severe—apparently hopeless—cases. The milder expedient of leeching over the mastoids will as directly, if not as rapidly, drain this dammed back blood.

Suggestions in Diarrhoea.

In the *Practitioner* Dr. J. M. Fothergill has an article from which we extract the following:

Look at the treatment of diarrhoea. How commonly is an astringent mixture, containing an opiate, prescribed without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm. In those cases where there is an offending mass in the intestines setting up a secretion to sweep it away—but where the secretion is set up too low for its removal—there is a teasing diarrhoea, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhoea mixture only does harm; and what effect it has is to arrest a spontaneous reflex act often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb in powder, by which secretion is set up above the offending mass, and it is swept away; after which the diarrhoea ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhoea. The astringent and opium treatment of diarrhoea is equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhoea. The usual mixtures in great variety are prescribed, without effect. At last the persisting tenesmus drives the patient to a rectal surgeon, who, on

examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhoea is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are ineffectual to arrest this diarrhoea, else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhoea spontaneously ceases.

Hypodermic Use of Ergot in Haemoptysis.

The following case, illustrating that ergot will check bleeding when administered hypodermically, after failing when taken by the mouth, is given in the *Maryland Medical Journal*, by Dr. R. Winslow:

C. S., a musician, had been ill for a year, with either tubercular or syphilitic disease of the lungs. He had been under the treatment of several physicians before I was called to see him. I found him extremely prostrated, from severe and protracted haemoptysis. He did not bleed continuously, but would have sudden gushes of blood, and would lose a large amount at a time, then coagulation would occur and the hemorrhage be arrested for twelve or more hours. These attacks usually occurred about six o'clock in the evening. I gave him fluid extract of ergot freely by the mouth, as well as gallic acid and other remedies, without effect. I then injected the ergot hypodermically several times, and controlled the bleeding completely; however, he died a few days afterward, from exhaustion. I record his case as an example of the power of ergot administered hypodermically to arrest hemorrhage which could not be stopped by the same remedy given by the mouth.

Expectoration in Phthisis as Indicating Treatment.

In an article by Dr. Derivaux, in the *St. Louis Courier of Medicine*, the writer says:

The indications for treatment derived from expectoration are important. In the first place, if this is too copious and tarries long in the air passages, it is far better to hasten its expulsion than to allow it to poison the patient by its emanations and increase the dyspnea—often so painful in this stage of phthisis. Tonics and chlorate of potash may be chiefly relied on for this end, although it would be better in such cases not to have so much reluctance in prescribing an emetic and repeating it as occasion requires. The chief indication, however, is the diminution of the secretion, the copiousness of which is doubly pernicious for the patient, by the frightful denutrition it causes, and by keeping up a very fatiguing cough. To check this secretion many remedies have been brought forward, none of which has held its ground better than opium and its principal alkaloid, morphine. This is best given in a single daily hypodermic injection of 1 centigram ($\frac{1}{2}$ gr.). Good results will also attend the exhibition of eucalyptus preparations. According to numerous observations of Dr. Gimbert, of Cannes, a place of resort for numberless consumptives, a notable diminution in expecto-

ration has followed the administration every day of from one to two capsules of essence of eucalyptus, of 20 centigrams (3 grs.) each. More important yet have been the successes obtained in England and in France from the use of a creasote derived from the tar of the beech tree. The daily dose in the cases that fell under my observation at the hospice of Bicêtre, in the wards of my preceptor, Dr. Bouchard, professor at the faculty of Paris, varied from 20 to 40 centigrams (3 to 6 grs.) A remarkable improvement took place under the influence of this drug.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The subject of the sanitation of small cities is ably discussed by Dr. David Prince, in a reprint from the *Transactions of the Illinois State Medical Society*.

—The *North American Review* for February has a series of excellent articles. It takes a high rank among the monthlies of the world, and is evidently going to maintain it.

—The *Atlantic Monthly* for February has a variety of choice articles, and especially a detailed description of the symposium given Dr. Oliver Wendell Holmes, which will interest all readers and admirers of that genial physician.

—“The Audiphone and Dentaphone” is the title of a reprint descriptive of these new inventions for aiding the hearing, by Dr. C. S. Turnbull, of this city. It will be found a pamphlet of great interest to all who would improve the faculty of audition.

—A memoir of the late Dr. George B. Wood, prepared by Dr. S. Littell for the College of Physicians of Philadelphia, gives a quite full history of this eminent medical writer and teacher. It is well written and instructive. (pp. 56.)

—The Anatomical and Surgical Society of New York has commenced a monthly publication of the papers read before it. The annals will be edited by Dr. Charles Jewett, and published by G. P. Putnam's Sons, New York City. The first number is well printed and has several readable papers.

—The *Dictionnaire de Médecine*, by Prof. Jaccoud, has reached its 26th volume and the letter r, and this after 15 years of parturient effort! Ziemssen's *Encyclopædia* is not much better; the publishers have issued a notice to subscribers that it is probable that the next volume will be delayed for some time to come, owing to the illness of Prof. Ziemssen.

—Lippincott's Magazine, for February, has a number of beautifully illustrated articles and a large amount of solid and pleasant reading. The eighth chapter of Dr. Oswald's "Summerland Sketches," also illustrated, carries the reader to the Delta of the Sumasinta River.

—*Vick's Floral Guide.* This work is before us; and those who send five cents to James Vick, Rochester, N. Y., for it will receive a very handsome work of a hundred pages and perhaps five hundred illustrations—not cheap, but elegant illustrations, on the best of calendered paper, and also an elegant colored plate that might well cost twice the price of the book.

—A further study of insane delusion, with reference to responsibility, is made by Dr. T. L. Wright, of Bellefontaine, Ohio, in a reprint from the *Medical News*. His conclusions, briefly, are as follows:—

"1. The partially insane should be held responsible for crime.

"2. The degree of responsibility attaching to the acts of the monomaniac is less than that which belongs to the sound mind.

"3. Capital punishment should never be visited upon one infected with any taint of lunacy."

—The fourteenth report of the Connecticut Hospital for the Insane shows that institution in a flourishing condition. In his report to the Trustees, the Superintendent, Dr. A. M. Shew, sketches the history of lunacy reform, and comments on its rapid growth. He observes—

"The results have been manifest during the past half century, in the almost total abolition of mechanical restraint, greater freedom, the introduction of amusements, exercise, games and labor, as auxiliary to medical treatment. During this period medical men in charge of hospitals have vied with one another in effecting reforms; and it is owing largely to their individual efforts that the insane of this age enjoy so many privileges."

BOOK NOTICES.

Transactions of the New Hampshire Medical Society,
1879. pp. 185.

Transactions of the Medical Society of Virginia,
1879. pp. 151.

Transactions of the Medical Association of the State of Missouri, 1879. pp. 144.

A large amount of good reading is included in these volumes. In the New Hampshire Transactions we may mention a careful study of the diagnosis of mammary tumors, by Dr. D. S. Adams; excellent reports on surgery, by Dr. J.

N. Wheeler, and on gynecology, by Dr. S. C. Whittier; on medical testimony, by Dr. L. G. Hill; and a historical lecture by Professor O. P. Hubbard.

Much of the Virginia volume is taken up with reports on the advances in obstetrics, practice, hygiene, etc. Of original articles may be mentioned Dr. H. P. C. Wilson's on Paquelin's thermo-cautery in epithelioma of the cervix; Dr. Sims on abscess of the liver; Dr. A. M. Fauntleroy on thirty-three cases of diphtheria; and Dr. Selden on intra-capsular fracture of the neck of the femur. The Transactions are bound up, as usual, with a number of the *Virginia Medical Monthly*.

Of the original papers in the volume from Missouri, the more noteworthy are one by Dr. E. Borek, on the surgical treatment of wounds and inflammations; Dr. J. M. Richmond on some surgical diseases of the female pelvic organs; Dr. F. J. Lutz on epithelial cancer; Dr. C. N. Hughes on tendon reflex (already referred to in this journal); Dr. C. E. Michel on purulent ophthalmia; Dr. Wm. Dickinson on mydriatics and myotics; and Dr. W. H. Bryant on Bright's disease.

Space does not permit us to refer at any length to the regular addresses or the details of the Proceedings.

Clinical Lectures on the Diseases of Women, Delivered in St. Bartholomew's Hospital. By J. Matthews Duncan, M.D., etc. Philadelphia, H. C. Lea, 1880. 1 vol., cloth, 8vo, pp. 175.

Dr. Duncan is so well known that he needs no introduction. The lectures here collected are republished from various English medical journals, and are stenographic reports of those delivered in his hospital work. They are nineteen in number, and while not designed to cover the whole field of gynecology, embrace many portions of it. Some of the subjects are missed abortion, abnormal pelvis, ovaritis, perimetritis, and parametritis, painful sitting, aching kidney, irritable bladder, parovarian dropsy, procidentia, vaginismus, etc. The style is strictly clinical, the subjects brought into the lecture room being the text of the lecturer.

The author is a remarkably clear lecturer, and his discussion of symptoms and treatment is full and suggestive. It will be a work which will not fail to be read with benefit by practitioners as well as by students. As he observes, his references are scanty, and the details incomplete in some cases; but as clinical lectures go, these are good specimens.

THE

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Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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OPPORTUNITY FOR ORIGINAL STUDY IN PRIVATE PRACTICE.

PLUTARCH, in one of his writings, argued with great force that a man of good education and native ability should not pass his life in the country, but seek a great city as the proper sphere wherein to develop his powers. As PLUTARCH himself resided in a small town quite distant from the literary centres of that age, a friend objected to him this inconsistency; he replied, that for him to remove would be to make the small town still smaller, and less fitted for the residence of the able men who must performe live there.

There was more than a quick repartee in the words of the old philosopher. Many a man well suited to achieve success in the competition of a large city is obliged by circumstances to confine his activity to the limited range of a rural neighborhood. Let him always bear in mind the suggestion of PLUTARCH, to do his utmost to make that neighborhood suited to the development of able men. How much he can do, if, for example, he be a physician, was well

illustrated in the life of Dr. WILLIAM DARLINGTON, a Pennsylvania country doctor, yet a botanist of eminence, and who instilled into a dull and conservative community an enthusiasm for science which half a century has served only to increase. Those of our readers who recall the eloquent tribute paid by Dr. WM. GOODELL, a few years ago, to Dr. DARLINGTON, will appreciate how beneficent and lasting is the influence which one earnest worker can exert on a community.

Confining our consideration to strictly medical matters, it is a great mistake to suppose that the country practitioner cannot make any important contributions to his science. The reverse is more true. The most striking medical discoveries have been due to those who, separated from the distracting turmoil of the crowd, have had leisure to experiment and reflect on the cases which came to their notice. Their observations were accurate, and they were less influenced by the hurry and pressure of city life.

It should not be overlooked that private practice offers the only opportunity for many kinds of medical studies, and that, owing to the stability of the population, country practice is in some respects more favorable than that in cities for such investigations. Some suggestions in point were made not long since, by D. R. P. HOWARD, of Montreal, Professor of Practice in the McGill University, in an inaugural address. He instances, as the class of queries which the private practitioner alone has the chance to answer correctly, the following:—

"What has been the history of Mr. —, treated for syphilis ten or twenty years ago, as regards his own health and that of his offspring?

"What has been the personal medical history of all or of a number of patients treated in their first attack of rheumatic endocarditis, of acute pleurisy, of chorea, of eclampsia, of typhoid fever?

"What have been the various diseases and peculiarities of temperament, constitution, etc., observed in the other members of a family, one of whose number has suffered from morbus coxe, Pott's curvature, phthisis, epilepsy, rheumatoid arthritis, etc.?

"Those causes of epistaxis met with past

middle life, those of temporary and sudden blindness, of vertigo, of occasional syncope, of recurring but transient albuminuria. What have been their origin and their issue?

"Under what circumstances are pyæmia and puerperal fever met with in private practice? How often in one's experience has the lying-in woman been exposed, recently or at the time of her confinement, to the poison of any of the zymotici, and especially that of scarlatina, or erysipelas, and with what result?"

He further suggests that physicians should endeavor to prepare a tolerably complete *medical history*, so to speak, of their patients and their offspring, say for two generations, as thus invaluable information would be possessed for the solution of such questions as the following, hitherto scarcely studied, viz.:—The succession, the substitution, the combination, the equivalence (pathologically) of different diseases, above all, that unknown subject, the *evolution* of disease. The family physician is the only person so circumstanced as to be able to perform such a labor, and it is quite as much in the power of the most secluded rural practitioner as in that of his city brother.

A large class of diseases, especially chronic complaints, hardly ever come within the ken of the hospital physician; another large class, to wit, malarial diseases, are hardly known in city life; and it is well known that the sthenic type of disease is now almost unknown in crowded localities, while it still occurs in the country. Many subjects of study are thus suggested, and the excuse of lack of opportunity is quite taken away from every physician, no matter how remote, unfriendly and slow be the place of his residence.

NOTES AND COMMENTS.

Therapeutical Notes.

TO CHECK DENTAL HEMORRHAGE.

Dr. E. H. Danforth gives these directions in the *Dental Cosmos*—

I keep a piece of the very finest, softest sponge, which I wet, and dry under pressure. In a case of hemorrhage after the extraction of a tooth, I cut off a piece about one-half the size of the crown of the tooth, and having first rubbed the

side to be inserted with a little nitrate of silver, I dip it into tannin; then with the point of an instrument press it into the socket, and hold it there until it is saturated. It immediately adheres to the walls of the cavity, and if properly inserted will remain until it needs to be taken out. I have used this treatment over twenty years.

QUINIA FOR HYPODERMIC USE.

The following formula was recommended by Dr. M. L. James, to the Richmond Academy of Medicine (*Virginia Medical Monthly*, Dec.):—

R. Quiniae sulphatis,	9j
Acidi lactic,	^m xx
Aquam destil.,	ad 3j. M.

He says the lactic acid prevents ulceration.

PILL IN HABITUAL CONSTIPATION.

At a recent meeting of the New York Academy of Medicine, Dr. Caro praised cold applications to the abdomen, as recommended by Rousseau, in habitual constipation, and the following pill (*Physician and Pharmacist*, Nov., 1879):

R. Aloes,	
Saponis,	iiij
Ext. nucis vomicae,	iiij
Ext. belladonnae,	iiij gr. + M.

Take at night.

BLACKBERRIES AS A TAENIFUGE.

The *American Journal of Pharmacy* says that blackberries were recently recommended as a taenifuge by Dr. Lederer, who reports a very successful cure of an old lady who had previously taken almost all other remedies, without success.

A Hitherto Unknown Disease among Newborn Infants.

Dr. F. Winkel, in *Deutsche Med. Wochenschr.*, No 24, n. 25, 1879, reports the outbreak, in the otherwise healthy lying-in hospital at Dresden, during last March, of a hitherto unknown disease among the newborn infants. The rate of mortality among the twenty-three children that were attacked was 82 per cent., and the average duration of the disease in the fatal cases thirty-two hours. The disease usually made its appearance on the fourth day, but occasionally also on the first, and in one case as late as the twelfth. The children were all strong, with the exception of a pair of twins, and only five had been fed artificially. The mothers remained all healthy.

The chief symptoms were debility, cyanosis and icterus, the urine contained epithelial casts and blood corpuscles with detritus, and also urate of ammonia, and a small quantity of albumen. The stools were free and ochre colored. There was no fever; on the contrary, the tem-

perature fell; the colorless blood corpuscles increased in number, and the blood contained large masses of detritus of red corpuscles, with other minute bodies of molecular motion. The abdomen was soft and not tender, the liver pushed a little upward, and the organs of the thoracic cavity unchanged. In the course of the disease convulsions set in, with strong jerkings of the ocular muscles, convergent strabismus and rotation of the eyeball.

The post-mortem disclosed, invariably, the absence of any arteritis or phlebitis, enlargement of the spleen or congestion of the pancreas. The renal papillæ contained haemoglobinine infarcti, the stomach was dilated, the intestine ecchymosed, and Peyer's patches and the mesenteric glands swollen. The diaphragm and pleura ecchymosed, the bronchial and laryngeal mucous membrane congested, the brain edematous, and all the ventricles distended. The disease can neither be the result of puerperal infection, nor of poisoning, nor of insufficient food; the etiology remains obscure. The author defines it as cyanosis febris enterica perniciosa cum haemoglobinuria.

Iodide of Potassium and Calomel.

It has been frequently observed that the external application of calomel may give rise to severe inflammation of the conjunctiva, if used simultaneously with the administration of iodide of potassium internally. This Dr. Schleske explains by the formation of iodate and iodide of mercury, which in the presence of common salt, or iodide of potassium, are soluble, and act as caustics. He finds that if iodide of potassium be taken twice daily, in half-grain doses, its presence can be constantly detected in the conjunctival sac.

The Physiological and Therapeutic Action of Benzoate of Sodium.

The remarkable statements about the value of this drug put forward under the name of Rokitansky, of Innspruck, may be said to have been quite disproved. They rested on hasty and partial observation and ignorance of the action of the drug. Dr. Salkowski, who, in 1875, first called attention to the antiseptic action of benzoate of soda, points out, in Virchow's *Archiv* (vol. 78, part 3), that the elimination of nitrogen appears to be considerably increased by it, and that an increase of the destruction of the albuminoids of the body is caused. The increased excretion of nitrogen extended to five grams daily; and, in the course

of a week, by a continuous use of high doses of benzoate of soda, a loss of one kilogram of muscle would be caused. These exact researches put Rokitansky's observations of an increase of body weight, in certain of his phthisical patients, in a special light; since it is clear that, if such increase occur, it must be rather as the consequence of the improved nutrition of the patients after being taken into hospital from poor homes, than of any arrest of the tubercular disease, which does not seem to be affected by the benzoate of soda, or of any direct action of benzoate on the body; for such action would evidently be in an opposite direction.

The Causes of Goitre.

These are still obscure. Recently Dr. D'Orbcastel has given some cases to show that exposure to sharp and prolonged cold will produce it. Dr. Guyon maintained that the disease, which in his view was only due to deprivation of solar rays, should not be attributed to cold or damp. M. Boussingault was strongly opposed to him, and instanced epidemic gout among soldiers, arising from a sudden change of barracks, and acute goitre, a summer complaint, clearly developed by the influence of very cold drink, and which is not always of an ephemeral character. The thyroid body has been ranked among the sanguineous vascular bodies without an excretory duct. If it secrete any fluid, it is probably absorbed into its interior, and the cold is experimentally considered as a tonic vascular agent. M. D'Orbcastel, therefore, asks why a rapidly differing temperature seizing hold on the nerves of the vascular muscle should not induce an endosmotic action, a cellular congestion of the lymph or blood, on an organ of peculiar constitution. The facts referred to confirm him in this opinion; the cause was unquestionable, and the affection not doubtful: it developed without any complication, and if it did not always attain considerable proportions, the promptitude of the treatment probably prevented it.

The Action of Strychnia.

In an article in the *Canadian Journal of Medical Science*, on the action of strychnia, Dr. T. W. Poole presents considerable evidence to justify the conclusion that the prevailing opinions regarding the mode of action of strychnia have been formed without due consideration, and in deference to a preconceived hypothesis, which has since been greatly modified; that these opinions do not rest on any scientific basis what-

ever, and having outlived their time, urgently require reconsideration. He thinks it will also be obvious that both the facts of strychnia poisoning and of its antidotal treatment prove that strychnia is not a stimulant, but a paralyzer of the nervous centres which it chiefly influences, namely, those of the spinal cord; and that its effect on the motor nerves is such as to paralyze their action, proportionately setting the muscles free to exert that inherent contractile power with which they are endowed, and which eminent physiological experimenters have declared displays itself in proportion to the freedom of the muscles from the influence of the nervous centres.

Malformations of the Genitals.

Professor Watson, in a recent paper, discusses these abnormalities. He is of opinion that in the human female a large clitoris is merely a sign of inferior type, just as certain ape-like characteristics are sometimes seen in man, even among civilized races and refined individuals. His opinions tend to correct certain mischievous ideas still prevalent in the medical profession, and more than once the cause of doubtful operations among its members. It seems as illogical to attribute enlargement of the clitoris to bad habits, as it is to explain the traditionally violent sexual instincts of the male goat to the fact that his vesicula prostatica is much more like a female uterus and vagina than that of any other male animal. None of the variations in the organs of normal animals seem to bear any relation to the variations in their sexual appetites.

Cautions in Transfusion.

In a recent paper before the Obstetrical Society, Mr. Schäfer gave the following advice as the results of his experiments. 1. Fluids other than human blood should never be used for transfusion in cases of hemorrhage. 2. Transfusion should always, if possible, be effected through a simple flexible tube, with glass cannulae. 3. Direct centripetal arterial transfusion should, if possible, be employed; in default of this, direct venous transfusion is the best. 4. If it is impossible to perform either direct arterial or venous transfusion, mediate transfusion of whipped or unwhipped blood collected into a funnel and allowed to flow through an India-rubber tube and glass cannula into a vein can be tried. It involves, however, risk of the introduction of clots and germs of putrefactive bacteria into the vascular system.

CORRESPONDENCE.

A Case of Vaginal Thrombus.

ED. MED. AND SURG. REPORTER:-

The cases of so-called vaginal thrombus published in the *REPORTER* of January 10th very forcibly remind me of a similar case, which I saw in August, 1870, in consultation with a neighboring physician, and which, by the way, is the only case of the kind I have met with in fifteen years of active practice.

The lady, Mrs. S., was a multipara, about thirty-eight to forty years of age, rather large and fleshy. She had borne previously eight or nine children, and had usually comparatively easy labors.

I gathered from the history of the case that this labor had been about as usual with her, excepting that, owing to the child being very large, her suffering had been excessive as the head was passing the vulva, and that during the few minutes that was being accomplished she had been very restless, throwing herself over the bed in uncontrollable agony.

However, her physician had removed the placenta, and after seeing her properly bandaged and dressed, had left her, without discovering, or even suspecting, anything wrong or unusual.

In three hours he was summoned in great haste, and on arriving found her suffering terribly, and with every recurrent "after pain," which were frequent, she would strain and "bear down," as if in severe labor, saying that she was "bursting to pieces below," and begging for relief with almost every breath.

Her physician immediately requested counsel, and in response to this request, I was soon in attendance.

I found the case as above described, and in addition, an examination revealed the perineum distended apparently to its utmost, as if by a child's head pressing down between the rectum and vagina, the posterior wall of the vagina everted, so as to be exposed for a couple of inches; all of a dark purple hue.

Believing the trouble to be caused by a hemorrhage, either venous or arterial, within the cellular tissue lying between the vagina and rectum, and that the great distention existing could only tend to keep up the hemorrhage by widely separating the bleeding vessels, and probably rupturing others, and that by evacuating the "tumor" first we could best apply compression, astringents, or even styptics and ligatures, if necessary, at my suggestion, a bistoury was at once thrust into the tumor, about two inches deep, entering the posterior vaginal wall nearly one inch above the fourchette. Bright arterial blood followed the withdrawal of the bistoury, in a jet six inches high, appearing as from a severed artery, except that it was a steady jet, instead of pulsating. As the blood continued to flow with gradually lessening force, the tumor became less tense and swollen, and the patient expressed her increasing comfort by frequent exclamations of relief and gratitude.

By manipulation we still further assisted the escape of blood, then folding up some dry cloths

for a compress, we bound them on the parts snugly, with a T bandage, and laying the patient on her side, bound her limbs together, having first, of course, evacuated the bladder with a catheter.

Ordering opium sufficient to control after pains and restlessness, we left her for the night, very comfortable.

The next morning we found her cheerful, having had a good night's rest and no more hemorrhage. The opening in the vagina was enlarged, some small clots of blood turned out, and a weak solution of carbolic acid injected into the wound as deeply as possible, as well as into the vagina.

This treatment was repeated twice daily for several days; cloths wet in solution of carbolic acid were kept over the perineum and vulva, and the patient allowed to lie in any position most comfortable to her.

With this treatment and a little quinine four times daily, our patient had as good a recovery as from an ordinary labor.

Was our treatment of this case too bold? Did we assume an unwarranted risk in using the knife? I do not think so. I rapidly revolved over in my mind the dangers from hemorrhage on the one hand, with the probable means of control at command which I have mentioned, and upon the other hand the certain dangers arising from the retention and decomposition of a large amount of blood in contact with a recently evacuated uterus. I saw the spectres of cellulitis, peritonitis and septicemia vividly before us, and I infinitely preferred the one to the other.

The fear that the use of the knife might renew the hemorrhage in such cases is, I think, "a minimum quantity." I would sooner believe that its use would tend to stop the hemorrhage, by removing the tension or stretching from the bleeding vessels, as well as from others liable to be injured, besides enabling other means to be applied, should it be necessary. But still conceding the danger to be great, it seems to me that it is to be preferred before that other greater danger from blood poisoning, which is illustrated so forcibly in the cases to which I have referred in the first part of this paper.

It is not my purpose to institute any invidious comparisons, by any means, but as our case was similar to the other, and treatment very different, I thought it might be well to report it and let others judge and choose for themselves, each one in the light of his own knowledge and experience. It is by these means that we advance in knowledge and practical skill.

C. S. MAXWELL, M.D.

Remington, Ind., January 4th, 1880.

Blistering in Pneumonia.

ED. MED. AND SURG. REPORTER:—

In the column of Queries and Replies, of the REPORTER, J. W. F., of Texas, asks, is blistering in pneumonia beneficial; if so, when indicated? I would answer, in my opinion, it is beneficial, and cannot be applied too early in the disease. I think it is a fixed law in the animal economy that two distinct acute diseases, arising

from distinct primary causes, cannot exist long in the system at the same time. Either the one or the other must yield, or the life of the individual. Admitting this to be a true law governing acute disease, it would follow that counter irritation must have a controlling or, at least, a modifying influence over internal acute inflammations; by blistering the surface we create, diminutively, a small, local, independent disease. It must, therefore, somewhat arrest the internal complaint, just so far as it promotes a general disturbance of the system and gains the ascendancy. Sinapisms, stimulating and irritating liniments, are dependent upon and governed by this same law in their beneficial action upon disease. Mercury, formerly, when it was in the height of its favor with the medical profession, was used in a manner which illustrated the fulfilling of the law. In many extreme cases in those days efforts were made to salivate, and keep up this action upon the patient, experience having taught that by this new disease, produced by the action of mercury upon the system, the original complaint must give way, provided the constitution of the individual would be able to bear up under it.

As a further confirmation of this law, some 24 years ago, I remember, during an epidemic of scarlet fever (measles also prevailing at the time to some extent), meeting with a case where the patient was taken down with what I had to pronounce measles. These ran a partial course, when scarlet fever set in and ran its whole course, after which measles, apparently, finished their course. The case, I think, I spoke of at the meeting of our District Medical Society at the time. A similar case I remember seeing reported during the past year in one of our Medical Journals (I thought this one), but cannot find it now to refer to. Therefore, in conclusion, I would say that counter-irritation is indicated early in all acute internal inflammations, as in the foregoing I have in a measure attempted to illustrate.

W. L. MARTIN, M.D.

Rancocas, N. J., Jan. 22, 1880.

ED. MED. AND SURG. REPORTER:—

In your Queries and Replies column you request the opinions of readers in regard to the propriety and efficiency of blistering in pneumonia.

Having practiced medicine in Northern Ohio, for twenty-eight years, and employed blistering in that disease to some extent, my opinion may have some little weight in making up a verdict. I would certainly be glad to learn the opinion of others, through your columns.

My experience has been, that in cases where there is pain in the chest, with dyspnoea, and the heat not more than 100° to 103° , a blister may do good in connection with other appropriate remedies.

My plan of applying is as follows, viz:

Be sure the chest is free from any greasy applications. Use the cantharidal collodion over the seat of pain, applied with a brush or swab, so as to give the surface a greenish shade. A drachm or two of the collodion is generally suf-

ficient to cover one half the front of the chest. I then cover the painted surface with fresh, soft leaves—say cabbage, or beet, or plantain leaves—for six or eight hours, and when a large vesicle has formed I open it at its most dependent part, taking care that no air enters. Such a plan of vesication rarely causes pain or soreness, and is healed in two or three days.

Ashtrabula, Ohio.

W.M. M. EAMES, M.D.

Meddlesome Midwifery.

ED. MED. AND SURG. REPORTER:—

"The fashionable doctor, on being called to a case of labor," remarked a great teacher, "takes out his watch, and says it must be terminated in so many hours," adding that, "if nature failed to accomplish it in the time specified, he proceeded to deliver artificially." This may be fairly termed "meddlesome midwifery."

Quite recently, a practitioner, at his second visit to a primiparous parturient, the fetus presenting in the most favorable manner, makes this comment: "Patient had slept some during the night, the labor had progressed satisfactorily, and, the os being pretty well dilated and everything favorable, ruptured the membranes." This would seem to be a most undesirable and uncalled-for intervention. The "bag of waters" had a work in hand which it was proceeding with gently, steadily and surely, viz: the full dilatation of the os internum, of the vagina, and the os externum. That it had not achieved half its mission the sequel fully proved. We are told that, after an hour of vigorous and quickly recurring pains, "unmistakable signs of exhaustion came on; gave chloroform, applied the long forceps, and extracted a well-developed female child;" that "considerable hemorrhage followed the expulsion of the placenta," and that "she rallied pretty well, but soon complained of severe hypogastric pain."

Here we find a labor, perfectly natural, progressing in the most satisfactory way, wantonly interfered with, bringing on a train of complications endangering life in the highest degree.

Had the "bag of waters" remained entire, it would gently, gradually and successfully have dilated the vagina and the external os; the head would have followed; and, when the waters were discharged, the head would have been passing the inferior strait. The force wasted in ineffectual efforts to dilate the vagina by the solid and rounded structure of the head might have sufficed to pass the fetus through the external os, and for the completion of the labor. If not, then the forceps could have been employed much more safely and advantageously.

It might be well if they who would rashly substitute the forces of art for those of nature should ponder the inscription said to have been seen on a tomb at Rome:—

"I WAS WELL:
WISHED TO BE BETTER;
TOOK PHYSIC,
AND
DIED."

E. T. BLACKWELL, M.D.

Hackettstown, N.J.

NEWS AND MISCELLANY.

How to Work a Microscope.

At the last meeting of the Biological and Microscopical Section of the Academy of Science, of this city, Dr. Carl Seiler, the Director, gave an extended account of the proper modes of using the microscope so as to attain the best results. He said it mattered little about the lenses of the instrument, so that they were properly adjusted in relation to each other, and of the first quality. A most important requisite was the right sort of light, which should be white and steady. In working upon minute structures a powerful condensed light was absolutely essential, and the proper adjustment of the sub-stage and bull's-eye lenses was clearly explained. The pencil of light from the sub-stage should fall exactly upon the centre of the lens in use at the time, or else, in examining blood-corpuscles, for instance, the magnified images of these bodies would not be sharply defined, but, instead, would have a dim margin shading off into the surrounding space, rendering accurate measurements impossible. The importance of a sharp image in this case is sometimes absolutely essential, especially in the cases where the microscopist is called upon in murder trials to specify whether a given specimen of blood is that of a human being or that of some lower animal. It will readily be understood that investigations of this kind must necessarily be very carefully made, so as not to implicate the innocent or set the guilty free.

The preparation of various materials was then dwelt upon at some length by the speaker, who showed that even in a matter as simple as the preparation of blood for examination by the student, considerable experience was required, while every special department of microscopic investigation required special methods of work adapted to its own particular wants. A number of preparations were shown illustrating the speaker's remarks.

Pharmaceutical Preparations.

MALTINE.

This preparation, put up by Messrs Reed & Carnrick, of New York city, differs from the various malt extracts chiefly in being prepared from malted wheat, oats and barley, at so low a temperature that the diastase is preserved without impairment. The richer nutritive qualities of wheat and oats are thus made available, and the product is offered as one not surpassed, if, indeed, equaled, for therapeutic and dietetic purposes. Maltine is furnished in the market, both pure and combined with phosphates, cod-liver oil, quinine, etc., so that its nutritive action may be united to the special effects of various other agents. We have employed several of these preparations, in feeble infants and adult invalids, with decidedly good results, and can recommend them as efficient, not liable to change, and generally palatable.

REICH'S HUNGARIAN WINES.

These wines have been before the profession several years, and the very high testimony given

to their purity, soundness and value as a therapeutic stimulant is an excellent guarantee that they are all that Mr. Reich claims them to be. We have, ourselves, carefully watched their effects in several cases where stimulants were indicated, and have been well satisfied with the result. Mr. Reich, in order to maintain a uniform standard, and to avoid any mistake or deception, does not sell them through the trade, but only directly to physicians or patients. We believe we can conscientiously recommend them to those who wish a pure, high-class wine.

Man's Appearance on the Globe.

The eminent geologist and naturalist, Prof. Dana, of Yale College, says, in a recent letter on the subject of his teaching of evolution—

"I endeavor to show that man's physical nature, as well as his spiritual, was not a product or effect of evolutionary processes; but that it demanded for its creation a divine act; referring for proof, as done by Wallace, to the fact that the brain of the lowest race of men has twice the cubic contents of the highest man ape; to the fact, further, that the skeleton of man is adapted throughout for a vertical position, and that of the ape for a horizontal or inclined; and that geology has discovered no human remains in the rocks that indicate a lower grade of man than now exists, or one that makes the first shade of approximation to the inclined structure of the ape, and also to the existence of a moral sense, etc.; all showing that some other power than nature's was required for man's existence."

"I also argue that the facts from science, thus far ascertained, sustain strongly the view that the introduction of life on the globe demanded divine intervention, and that there may have been divine intervention, for all that science has to say on the subject, in other cases in the grand system of progress."

"I observe, further, that creation of species by divine fiat does not necessarily imply creation out of dead matter; but that creation of species from species would be as strictly creation by a divine act, and of the two methods the latter would be, most probably, the true one, in view of the economy of action under God's laws."

The Weather and Health in Europe.

Intense cold has prevailed over all Europe this winter, beginning early and lasting with continued severity. The effect on the public health has been trying. The mortality reports of all the large cities show an increase in the annual death rate quite striking at times. Rome has reached 38 and 40 per thousand per year. In Naples a malignant fever has been prevalent. At the health resorts on and near the Riviera cold rains, light snows and damp days have prevailed. At Berne, one hospital received in the week before Christmas fifty patients suffering from severe frost bite. In Paris the applications for entrance to the hospitals in December were 1000 a week in excess of the accommodations. Silesia has been frightfully ravaged by hunger

and typhus, as has also Ireland at one extremity of the continent and Turkey at the other. Very recently, a Rome dispatch to the London *Standard* says: The accounts from Terra di Lavori, Naples, continue to be terrible. The population of seventeen communes especially afflicted numbers 92,332 persons. Of this number, 51,340 had been attacked by fever up to the 15th of December last. This fever means famine. The government aid is not sufficient.

In Craniology.

Mr. John G. Henderson, of Winchester, Ill., is making a study of craniology of the aborigines of the Mississippi Valley. He would be glad to receive whatever information on this subject members of the profession can supply.

Personal

—Professor Hebra is such an invalid that he has not been able to lecture this winter.

—Dr. H. Augustus Wilson has been appointed Ophthalmic Surgeon to St. Mary's Hospital, in this city.

—Dr. J. U. Ball, member of the Legislature from West Feliciana parish, Louisiana, is dead, at the age of 52.

—The bust of the late Professor Tardieu has been offered, by the widow, to the Paris faculty of Medicine.

—Sir Dominic John Carrigan, an eminent physician of Dublin, Member of Parliament for that city, from 1870 until 1874, and Vice-chancellor of the Queen's University, is dead.

—Dr. J. Barnard Davis, of Shelton, England, whose craniological collection is one of the finest yet made, has offered it for sale to the Royal College of Surgeons for \$5000.

—Two traveling doctors advertised a course of lectures at Wilmington, Del., last week, and having sold nearly 200 tickets, "skipped the town." They gave themselves out as "Dr. Stevens" and "Dr. Armstrong."

—M. Rouget, Professor of Physiology at the Faculty of Medicine at Montpellier, has been appointed Professor of General Physiology, at the Museum of Natural History, in place of M. Claude Bernard, deceased.

—Dr. David D. Richardson, who has been superintendent and physician in chief of the Insane Department at the Philadelphia Almshouse for fourteen years, has been elected superintendent of the new State Insane Asylum at Warren, Pa. He will enter upon his new duties on May 1st.

Items.

—The Argentine Republic has signified its union with the Geneva Sanitary Convention.

—Two English ladies have just received the degree of Doctor of Medicine at Paris. Their theses were highly praised.

—A saline mineral spring of considerable concentration has been discovered near Fultonville, N. Y.

—Five new medical colleges in this country opened their sessions this winter; and about double that number of medical journals have started.

—A French authority estimates that the average daily deaths on this world of ours figure up to 97,790; and as a compensation the average daily births are 104,800.

—According to Dr. Strebizky, of the Russian medical staff, there are in Russia 2000 soldiers blinded in the recent Turkish war, of whom only four per cent. owe their blindness directly to wounds, the others to defective sanitation, ophthalmia, disease, etc.

—The English sparrow was introduced into American cities to destroy the worms on the trees. "Which would you rather have," asked a sentimental miss of a metropolitan exquisite, "sparrows or worms?" The young man answered, "Really, I—I don't know. I never had—sparrows."

—The action of the Congressional Committee on Epidemic Diseases in regard to the refrigerating ship scheme practically puts a stop to the carrying out of this system of disinfecting ships. The Committee regard the scheme as impracticable, and are not inclined to vote the \$200,000 required for its execution.

—Infanticide was terribly common in the northwest providences of India during the year 1878-'79. The Inspector-general of Police reports that no less than 26 per cent. of the female children born were killed. Among the poorer people a higher value is placed on the boys, and, therefore, when food is insufficient for all, the girls suffer most.

OBITUARY NOTICES.

Dr. J. S. Crawford,

Of Williamsport, Pa., was killed, December 15th, 1879, while crossing the railroad track. He was born in Orwigsburg, Schuylkill county, Pa., November 17th, 1808; received a common school education, and graduated at the Jefferson Medical College, in 1838. He first located at Cambria, Luzerne county, thence removed to Williamsport. He was an active member of the Lycoming County Medical Society. In 1871 he was elected President of the State Medical Society. During the war he was appointed State examining surgeon for drafted men, and in 1863 was appointed government examining surgeon for the pension department, which position he held up to the time of his sudden death. Dr. Crawford was a man who was an honor to the profession, a good citizen, and a Christian gentleman.

—Mr. Soelberg Wells, the eminent British ophthalmologist, died in December, at the age of 43 years, of an obscure disorder of the liver, from which he had suffered several years.

—The English dermatologist, Mr. Thomas Hunt, somewhat known for his work on "Diseases of the Skin," died recently, at an advanced age.

—Dr. G. B. Bishop, a well known physician of Titusville, Pa., died in that city, Jan. 21st, of

cerebro-spinal meningitis, at the age of 51 years. He had previously practiced in Silver Creek, N. Y. Resolutions of respect were passed by the Crawford County Medical Society.

—Dr. A. S. Van Praag, a dental surgeon of eminence in New York city, died last week. He was a graduate in medicine of the University of Leyden, in 1826, and a prominent adherent of the Hebrew faith.

QUERIES AND REPLIES.

Tobacco Chewing.

Dr. B. L. L., of Ill., in Queries and Replies, Jan. 21st, asks suggestions to break up the habit of tobacco chewing, etc.

The habit of tobacco chewing, like all other habits, is hard to break off without a little self-will. The best antidote for tobacco chewing is to throw your tobacco away with a determination never to taste it again, and stick to it, and in twelve months I will guarantee that you are a better person morally, physically and mentally. J. CHOWRING, M.D.

Renault, Ill.

Others write to the same effect.

Dr. W. S. R., of Pa., questions our condemnation of the word *Allopathic* (see Reporter, Jan. 24, p. 88). He instances the common use of it to designate regular practitioners. We acknowledge this use, but condemn it as erroneous. Allopathy expresses the doctrine that remedies act by producing effects contrary to those resulting from the disease; it is, like homeopathy, properly so called, an ancient scholastic theory, long since discarded by scientific thinkers, but not yet eradicated from the popular mind.

Dr. J. M. S. of N. C.—A treatise which goes quite fully into post-mortem changes is *Casper's Forensic Medicine*. They are discussed in most works on this branch.

Oculus.—Many articles have appeared on color blindness recently. It would be impossible for us to give a full list of them.

Southeast of Tenn..—We have not forgotten the quinine question. On the contrary, we shall, at an early date lay some facts on the subject before the profession.

MARRIAGES.

FAUGHT-KENNEDY.—On Thursday evening, January 22, 1880, at the residence of the bride's parents, by the Rev. R. D. Hopper, D.D., Dr. L. Ashley Faught, and Minnie E. daughter of Thomas Kennedy, all of this city.

GLASGOW-JACOBS.—At the parsonage of the North Broad Street Presbyterian church, Philadelphia, October 8th, 1879, by Rev. R. D. Harper, D.D., R. B. Glasgow, M.D., and Emma S. Jacobs, of Philadelphia.

MARKE-TABBS.—At Kingston, Pa., by Rev. H. H. Welles, assisted by President Cuttell, of Lafayette College, George B. Marke, Jr., of Philadelphia, and Clara R., daughter of H. H. Tabbs, M.D., of Kingston.

DEATHS.

EMERY.—In Chelsea, Vt., January 4th, 1880, F. W. Emery, M.D., aged 36 years.

TRUMAN.—On January 24th, at Hanover, Germany, Mary A. Truman, wife of Dr. James Truman, of Philadelphia, and daughter of the late Thomas McClinton.